

FOOD STAMP REPAYMENT NOTICE FOR AN INTENTIONAL PROGRAM VIOLATION (IPV) OR STATUS CHANGE FROM INADVERTENT HOUSEHOLD ERROR (IHE) TO AN IPV

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: You can ask for a hearing on this action, **unless** you already had a hearing on the **cause** of this overissuance. If you think the new amount of food stamps you owe is incorrect, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

You or a member of your household broke a Food Stamp rule on purpose.

Too many Food Stamps were issued to:

- ☐ You.
☐ _____, whom you sponsor.

Here's why:

- ☐ **You have already been told about this overissuance of food stamps and the County may have been giving you less food stamps each month because of it. It has been decided in court or by state administrative hearing that this is an Intentional Program Violation (IPV) or you have signed a Disqualification Consent Agreement or an Administrative Disqualification Hearing Waiver and this is now an IPV. This notice has information about the amount you now owe, which may be more than the amount you were told about before. The County has been collecting the overissuance at 10% or \$10 (whichever is more) of your monthly allotment. The county can now collect up to 20% or \$10 (whichever is more) of your monthly allotment, so the amount of food stamps that you get may change.**

You must repay the extra Food Stamps.

\$_____ in extra Food Stamps were issued for the period _____.

- ☐ This amount was reduced by \$_____ because we owed the household benefits from past months or we received repayment of part of the amount owed.
☐ This amount was increased by \$_____ because your overissuance has been refigured since it became an IPV.

You now owe \$_____.

Rules: These rules apply: 63-801.32

You may review them at your welfare office.

YOU MUST EITHER:

- Pay in full, or
- Sign the Repayment Agreement and pay as agreed.
 - Complete, sign and return the enclosed Repayment Agreement (DFA 377.7G).
 - Your repayment agreement will be based on your current ability to pay as figured by the county. Any changes in your ability to pay may change your monthly payments.
- ☐ If you do not sign and return the agreement within 30 days after the date of this notice the amount of Food Stamps you get will be reduced by _____ beginning _____.
- If you do not agree to pay, the county may use other ways of collecting the amount owed such as through the courts.
- Even if you agree to pay back what you owe, IPV penalties will apply.
- If the county sues you for the amount due, you may also be required to pay court costs.
- If you do not pay the amount owed, the county may take your state income tax refund and/or ask the court to attach your wages or any property you own.
- **You do not have to use any Social Security or SSI benefits you get to repay this overissuance.**

Warning: If you believe this overissuance is wrong, this is your last chance to ask for a hearing. If you stay on food stamps the county can lower your food stamps to collect the overissuance. If you go off food stamps before the overissuance is paid back, the county may take what you owe out of your income tax refund.